17. INFORMANT

19. UNDERTAKER
(Address)

20. FILED ...

(Addréss)

18. BURIAL, CREMATION, OR REMOVAL

(Specify city or town, county and State)
Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

Specify whether injury occurred in INDUSTRY, In HOME, or in Public PLACE

Nature of Injury_____

24. Was disease or injury in any way related to occupation of deceased?

(Signed) A Sula mus

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Registrar.

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerasis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AN 5 1931	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



STATE OF MARYLAND-	-CERTIFICATE OF DEATH 4615
1. PLACE OF DEATH	90
County Marcelles	Registration Dist. No. 33 /
Village or City Comoke Cely R. 7.D. 2	No. St., Ward
4 670 0	(If death occurred in a horpital or institution, give its NAME instead of street and number)
80. 1 H 12 17	San
2. FULL NAME Using abeth pleases	If U. S. Veteran, specify WAR // O
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Cenale Ceolored OR DIVORCED (write the word)	(Month) (Day) (Yaar)
. If married, widowad, or divprcad	
HUSBAND of (or) WIFE of Becketts	22. HEREBY CERTIFY, That I ettended deceased from
1000	195), to Challed 195
DATE OF BIRTH (month, dey, and yeer)	I tast saw h eliva on
AGE Yaars Months Oays If LESS then	to have occurred on the data stated above, at
73 3 1 1 1 1 1 1 1 1	were as follows: Oate of ones
8. Trada, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	7.5
	William Elineans Miking.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oata deceased last workad at 11. Total time (yeers) this occupation (month and 10) spent in this	
yaar) Jet. 113/ occupation	Other Coatributory Causes of importenca:
BIRTHPLACE (city or town)	Other Country Chart of Importance
(State or country) Mary Land	
13. NAME John Hutt	
14. BIRTHPLACE (city or town). Marilla	Name of operation Data of
(State of country)	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIOEN NAME Kinkboury	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BtRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida? Date of Injury, 19
(State or country)	Where did injury occur?
INFORMANT James B. Callick	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Phromohe City R. 71. D #	
B. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place December 10 , 193	/ Neture of injury
9. UNGERTAKER Hearna + Dermin	24. Was diseese or injury in eny wey related to occupetion of deceased?
(Address) Show Hill mo	If so, specify
OFILED 4/17 1937 LERoy Swith	(Signed) A arlown M.
Registrar.	(Address) FORM TKW City Hands

If more blanks dre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11.283			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1 98	22			
EVELTE LIMITS OF	Registration Dist. No. 3 57			
man Will,	No. St Ward			
3 Q (If	death occurred in a hospital or institution, give its NAME instead of street and number)			
where death occurred 27 yrs / 0 mos.	99 ds. How long in U.S. if of foreign birth?yrsmosds.			
taniel Beaber	If U. S. Veteran, specify WAR 10.			
N - 7/:10				
(Usual place of abode)	St., Ward. If nonresident give city or town and State			
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
ACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH			
OR DIVORCED (write the word)	inrel 10 1027			
marries	(Month) (Day) (Year)			
· · · · · · · · · · · · · · · · · · ·	22. / I HEREBY CERTIFY, That I attended deceased from			
out O. o zecketts	1937 to am 1937			
Amai 11 1006	11/9/33			
1)//ay 11 - 1878	1) st saw h 19 alive on 41 11 19 19 19 19 19 19 19 19 19 19 19 19			
niths Days If LESS than 1 day,	6 have occurred on the date stated above, atA			
10 h 29 or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:			
VER, Vaforer	110-1-111			
12 Of the to	Black owner 11/1			
asser Juciong	1 1 1 10/31			
11. Totel time (years)	free to			
16h-1937 occupation 3-400	Other Contributory Causes of importance:			
	Other Causes of Reportance.			
aruland	Murbolan			
Intlance in 1				
2 KING KUCU / U	A. D.			
4	Neme of operation.			
(a) 1 N) 1 -H-	What test confirmed diagnosis? Wes there an autopsy?			
my Deckell	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:			
1-res-1 11	Accident, suicide, or homicide? Date of Injury, 19			
Marylanes	Where did injury occur?			
B. of bookett	Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
- Till ma	C			
1 / 21:1:	Manner of Injury			
cal Date Cipril 14, 1937	Nature of injury			
A/				
- 5 / Dermand	24. Was disease or injury in any vay releted to occupation of deceased?			
New My	If so, specify			
LECoy Swith	(Signed) M. D.			
Registrar.	(Address) - ANTO- FULL - FULL			
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.				

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 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

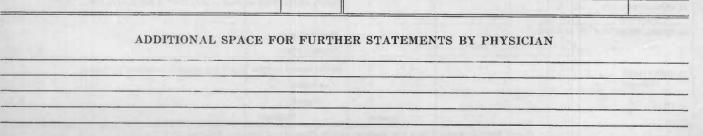
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4617
1. PLACE OF DEATH	(13):
County Walletty TE ALMITS OF	Registration Dist. No. 3
Village or City Snow Hill	No. St., Ward
*/ X	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Wavid Horbin	If U. S. Veteran, specify WAR
(a) Residence; No. Anow Hill Mg	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DY'CRIED (write the word) Wall Colored Connection with the word)	21. DATE OF DEATH AND (Day) (Year)
5d. If marriad, widowed, or divorced / HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attanded deceased from
COLUMN OF SURTY (and)	Hast saw h. Line alive on Ary 10 1937 death is said
6. DATE OF BIRTH (month, day, and year) Multiple of the control of	to have occurred on the date stated above, at Q
al + 71 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as follows:
kind of work dona, as SPINNER afour,	Chronice Brights disease 1935
kind of work dona, as SPINNER SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was dona, as SILK MILL. SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month/and) 11. Total time (years) spent in this	70000
O 10. Data deceased last worked at this occupation (month and year)	<u></u>
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
13. NAME William & Corpin	
13. NAME Muliary Corbin 14. BIRTHPLACE (city or town) Maryland (Stata or country)	Name of operation
15. MAIDEN NAME PARAMETERS	23. If death was due to axternal causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT MANAGEMENT (Addrass)	Whera did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Welley Leng Color Date MIL 13, 1931	Nature of injury
Sleader Man 111	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
11/13/ 37 PCA	(Signed) Au M.D.
20. FILED 7/13/ 192/ Declary Duelly	(Address Aryun Acro Mil

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	4	Example 11	
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1118			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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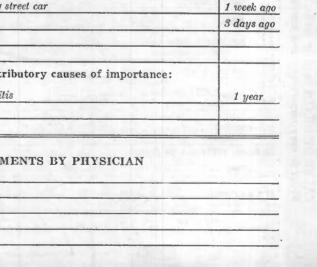
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 5 1936	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.		t e e e e e e e e e e e e e e e e e e e	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			72.1



of OCCUPA-

N. B.-WRITE

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	. 2
County Marcester Caunty	Registration Dist. No. 359
Village or City Gustry. Bishops	NoSt.,Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Minnie L Godfres	
(a) Residence: No. Bishaps	St. Ward.
(Uspai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Massical	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of asher stadby.	22. I HEREBY CERTIFY, That I ettended decesed from
6. DATE OF BIRTH (month, day, and year) Feb 2 1903	Hast saw help alive on Open 5 19 3 death is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, et 10.30 m.
34 2 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER. House Suark.	Pulmanang Tulunderis 19 80
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	V
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Bishopsill (State or country)	Dther Coutributory Canses of importance:
The state of the s	
13. NAME Maltas 4 Succession 14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME PARA & TURNER	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Brig L. Tursman	Where did injury occur?
(Address) Bishafu M. IT	Manner of injury
Place Old Fellows my Date July 7 , 1937	Nature of injury
19. UNDERTAKER J. W. Burbage. (Address) Berlin M.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED CONTROL 19 Sala Right. Register.	(Signed) V. G. Kharan M. D. (Address) Frillahara Del.
If more blanks are needed, a dress state Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioscierosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

F te F	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
infor- state UPA.	1. PLACE OF DEATH	210000	
7 3	County Wareester	Registration Dist. No. 355	
should f OCC	Village or City 13 esliss med	NoSt.,	Ward
M) = 0		death occurred in a hospital or institution, give its NAME instead of street and number	r)
e i Ni	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
d. Every YSICIANS	2. FULL NAME / Hilde lo. / Hudsa	If U. S. Veteran, specify WAR	
YSI sta	(a) Residence: No. / Juliu Mcl. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PHY xact st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
F RE Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	7
TL TL ed.	Sa. If married, widowed, or divorced		Year)
Si S	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decease	sed from
E SKE	6. DATE OF BIRTH (month, day, end year) May 20, 1924		th is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	111 13 3010
FOR IS A 1 stated proper ertifica	/2 /0 /8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
- PA	1 9 Trade restauring or partiaular	Company o nacture Date	e of onset
H H d	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7011 100	1.1.4
SERVI INK_T should it may on back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	y soull 4	18/3
	10. Date deceased last worked et this occupation (month and year)		
R AG AG AG ions	12 BIRTHOLAGE (silvertous)	Other Contributory Causes of Importence:	
GIN 'ADII' ed. ns, so tructi	12. BIRTHPLACE (city or town)		
ARGIN RI UNFADING pplied. AGI terms, so that instructions	II 13. NAME Thomas Id. Hedson		
D in the	14. BIRTHPLACE (city or town)	Name of operation Oate of	
THE STATE OF	(charte or country)	What test confirmed diagnosis? Was there en eutops	y?
H in the M	15. MAIDEN NAME Flava / Bradford	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	
EATH in pla	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? (Cident) Date of injury	19.3.7.
A P P P P P P P P P P P P P P P P P P P	(State or country)	Where did Injury occur? (Specify city of lown, county and State)	sitty.
	17. INFORMANT Thomas / d. / Ludson	Specify whether injury occurred in NOUSTRY in HOME, or in PUBLIC PLACE.	V
Should OF D	(Address) / 2 ule md,	The state of the s	1
2 Q	Place Buten med Date and, 10, 1937	Manner of injury	tu
-WRITE mation s CAUSE TION is	1 1/2 1/	24. Was disease of injury In any way related to occupation of deceased?	
3.— I	19. UNDERTAKER (Address) (Address)	If so, specify 1 A A A A A A A A)
Z E	20, FILEO 4-10- 197 Nelen F. Januard	(Signed) The Company of the Company	M. D
> Z	Registrar.	+ (Address at at Carnel	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting 23. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis \ 284 4 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			-4.	

Other contributory causes of importance:

Gallstones

May 1,1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

I. PLACE OF DEATH	(/31)
County Woreisfer	Registration Dist. No. 355
Village or City 1911 WW MY 16-70	No. St., Walf death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME SOME TO SMAN	4
(a) Residence: No	St. Ward.
(Usual place of abode)	II nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of / Vorah Much	22. I HEREBY CERTIFY, That I ettended decessed fro
E DATE OF BIRTH (most) August of CILLA D. 1 1869	, 133
6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at 3
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were es follows: Date of onse 1934
kind of work done, as SPINNER, Hamme	lanchare marie 4-1-3
9. Industry or business in which work was done, as SILK MILL,	Usemia 4-8-3
kind of work done, as SPINNER, CANNING SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	Chronic Reparts 3-15-
this occupation (month and spent in this occupation cocupation	
12. BIRTHPLACE (city or town) Manyland (State or country)	Other Contributory Cauces of importance:
13. NAME (Aac VNOG 14. BIRTHPLACE (city or town) Mary Land	
14. BIRTHPLACE (city or town) IN COLUMN (State or country)	Neme of operation
	What test confirmed diegnosis? Massaudy sea Was there an autopsy?
15. MAIDEN NAME Warm Swells 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Jacob Allined	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) (Address) (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sivery (Mill Date april 14, 1937	Nature of Injury
19, UNDERTAKER Mr.: Parlage Waters	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20 FILED T- 14- 1871 Helen F. Han Hand	(Signed) Charles & Hollandy.
Registrar.	(Address) January many land

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage PA REAU	July 5,1927	Peritonitis	3 days ago
		1.00	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE (OF MARYL	AND-	CERTIFICATE OF DEATH	4622
1. PLACE OF DEATH	4 -		(210-m)	
County Warreyst	u		Registration Dist. No. 3.	55
Village or City Aha	wells	md	No. St.	Ward
Length of residanca in city or town whara	death occurred		f death occurred in a hospital or institution, give its NAME instead of street and sds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME Deor	r. m	11/1	L	
(a) Residence: No.	16 11		St. Ward.	1/
(3) 11031301101	(Uscal place of ab	ode) 2/34	marlon an Censa I nonfesident give city or town an	d State
PERSONAL AND STATIST	ICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED OR DIVORCED (w		21. DATE OF DEATH 1 / 3th	, 193. 7 (Jaar)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attandad	
S DATE OF BIRTH (Table 4	1	1000	Libet over h	
7. AGE Yaars Months	Days 1	If LESS than	I last saw h alive on	; daatn is said
42 /2	14 1	day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance	A 1998
8. Trede, profession, or particular	1 7 101	min.	wara as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc.			- SHOCK	
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc SINDERLY OF DUSINESS IN which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date decaased last worked at this occupation (month and	ectricl En	igned	Campaned mactine left	
10. Date decaased last worked at this occupation (month and yaar)	11. Total time occupation		appen Jaw	
12. BIRTHPLACE (city or town) 20	is , St. L.	nus	Other Contributory Causes of importance:	••
13. NAME Charles	m 11.	-//		
E	Mund			
(State or country)	80		Name of operation Data of_	
E 15. MAIDEN NAME	7/		What test confirmed diagnosis?	
I Comme	1 Truck	7	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	1227
O 16. BIRTHPLACE (city or town) (State or country)	a		Where did injury occur?	5-1193-4-
17. INFORMANT 6. 13. 19.	uses ,	20-70	Specify whether injury occurred in INDUSTAY, in HOME, or in PUBLIC P	LeCE.
18. BURIAL, CREMATION OR REMOVAL	and toe O.	wells da	falle rightay Doop	dont
Place Alberta Va.	Date Cope .	16,1939	Manner of injury	acces.
19. UNDERTAKER	Burton	e	24. Was disease of injury in any way related to occupation of deceased? If so, spacify	[OD
20. FILED 4-16- 187 Hel	en 3. Ha	Wald Registrar.	(Signed) (Address)	M.D.
If more	blanks are needed, addres		2411 N. Charles Street, Baltimore, Requesting V. S. No. J.	MA

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

The authorization or thanks residence and virtualities all	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
letter Filed Ocese der Culyel. 8/30/37.	Latter Filed Desider Culpil. 8/30/37:

3

V. S. No. 1

STATE	OF MA	ARYLAND-	-CERTIFIC	CATE	OF	DEATH
EATH	5			- FERRICA		

4	1:	.,	S	2
7	1)	-	P)

County Village or City Village	1. PLACE OF DEATH	(1876)	
Langth of residence in city or turn where death occurred. (a) Residence: No. (b) Residence: No. (c) Res	County Workerfor of	Registration Dist. No. 353	
Length of residence in city or town where death occurred. After a second to the control of the c		No. St.	Ward
2. FULL NAME (a) Residence: No. (Usual place of aboda) FERSONAL AND STATISTICAL PARTICULARS 1. SIX 4. COLOR OR PRACE 5. SINCLE, MARKIED, WIDOWED, OR DYORCES (within the word) 5e. If married, widowed, or divorced flushands of the color of the col		If death occurred in a hospital or institution, give its NAME instead of street and	number)
(a) Residence: No. (Unsal place of abodo) PERSONAL AND STATISTICAL PARTICULARS 1. SIX 4. COLOB- OR RACE 5. SIMCLE MARRIED, WIDOWED OR DIVORCED (where the word) So. II married, widowed, or divorced (Wonth) (Wonth) (Dey) 1. SIX 4. COLOB- OR RACE 5. SIMCLE MARRIED, WIDOWED OR DIVORCED (where the word) OR DIVORCED (where the word) Fig. II married, widowed, or divorced (Wonth) (Wonth) (Dey) 1. SIX 1. DATE OF DEATH 22. 1 HER EBY CERTIFY. That I eltended decessed from (or) wife of or) wife of or) wife of or married (widowed, or divorced) I so wife of or married (widowed, or divorced) I so wife or occurred on the dete stated above, st		sgs. How long in U.S. If of foreign birth?yrsyrs	osds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOB. OR, PACE 5. SINGLE, MARRIED, WIDOWED ORD DIVORCED (-write the word) 6. DATE OF DEATH 21. DATE OF DEATH 22. 1 HER EBY CERTIFY, That I eltended decessed from the state of	2. FULL NAME Idal Lecula Moo	re	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOB. OR, PACE OR DIVORCES (wint the word) Or DIVORCES (wint to word) Or DIVOR			
3. SEX 4. COLOR OR PACE OR DIVORCED (smirch word) OR DIVORCED (smirch word) 5. If married, widowed, or divorced (co) WiEE of			State
OR DIVORCED, swinter the word) 59. If married, vidowed, or divorced HUSBAND of John Month (Day) (Veer) 40. DATE OF BIRTH (month, day, end year) 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS then 1dy, her country of the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on the deb stated above, at, m., 19. 7; death is said to heve occurred on			
HUSBAND OF CONTROL OF BIRTH (month, day, end year) 7. ACE Vears Months Deys If LESS then I day. Introduced on the dele stated above, at		all. 7	
7. AGE Years Months Deys If LESS then I day	HUSBAND of	22. 1 HEREBY CERTIFY, That I ettended	deceased from
The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: The PRINCIPAL CAUSE	6. DATE OF BIRTH (month, day, end yeer) Oct 21 1870	l lest saw h. Sr. alive on Alal 6 , 1937	; death is sald
8. Trede, profession, or perticuler May of production and the set of productions			
S. Trede, profession, or perticular wind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Drobate decessed last worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CERMATION, OR REMOVAL Pleace And Angle Ang		I THE I KINCH AL CAUSE OF DEATH and related course of Hilloutfelice	Data of annat
12. BIRTHPLACE (city or town) Citete or country) 14. BIRTHPLACE (city or town) Citete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Citete or country) 17. INFORMANT Citete or country) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signe	8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER BOOKKEPER are	Mente Marcusto	- de
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13. NAME 14. BIRTHPLAGE (city or town) 15. MAIDEN NAME 16. BIRTHPLAGE (city or town) 16. BIRTHPLAGE (city or town) 17. INFORMANT (Stete or country) 18. BURIAL, CREMATION, OR REMOVAL Please 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) (Signed) (Address) (Addres			4 da
Whet test confirmed diagnosis? West there en autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Address 19. UNDERTAKER (Address) 20. FILED PLACE (Signed) Met test confirmed diagnosis? West there en autopsy? 21. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury Where did Injury occur? (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Neture of Injury 19. UNDERTAKER (Address) 16. Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Injury occurred in Industry in any way related to occupation of deceased? If so, specify (Signed) M. D. (Address)			
Whet test confirmed diagnosis? Wes there en autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Address) 19. UNDERTAKER (Address) 20. FILED PLACE (Signed) Met test confirmed diagnosis? Wes there en autopsy? 21. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Neture of Injury 19. UNDERTAKER (Address) (Signed) M. D. (Address) Met test confirmed diagnosis? Wes there en autopsy? 20. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Specify whether Injury occurr? (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Injury) Neture of Injury (Signed) M. D. (Address)	14. BIRTHPLACE (city or town)	Neme of operation Dete of	
16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Address) 19. UNDERTAKER (Address) 20. FILEDUPUL 9, 193 16. BIRTHPLACE (city or town) (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of Injury Neture of Injury Neture of Injury (Signed) (Signed) M. D. (Address) M. D. (Address)	(State of country)	Whet test confirmed diagnosis? Wes there en a	autopsy?
16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of Injury 19	15. MAIDEN NAME Collen Vandom	23. If death was due to externel causes (VIOLENCE) fill in elso the following	g:
Where did Injury occur? (Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Anophylla Mete 47 19 7, 19 7 Neture of Injury 19. UNDERTAKER (Address) 20. FILED P. 19 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Address 19. UNDERTAKER (Address) 20. FILED 17. INFORMANT (Address) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Neture of Injury 24. Wes disease or Injury in any way related to occupetion of decessed? If so, specify (Signed) (Address) Manner of Injury (Signed) (Signed) Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury (Address)	Stete or country)		
Plece Representation of the Profession of the Pr		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
19. UNDERTAKER	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
(Address) 20. FILEDUPUL 9, 193 1 Julia Pray Registral (Signed) (Address) (Address) (Address)	Plece Ishoperelle Mete 414 7, 1931	Neture of Injury	
20. FILEOUPUL 9, 193 1 del de Franker (Signed) (Address) M. D. (Address)	*////	1-/01-	
	20. FILEDIPUL 9, 193 1 Stella Kiran Reine	(Signed) Hally allowers	

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

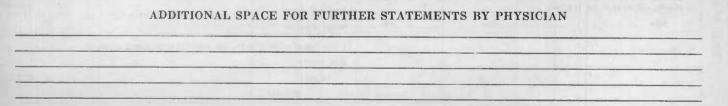
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:





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	HTE PLATALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item	on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
	RD	IXS	sta	
	REC	PF	xact	
	L	Y.	<u>H</u>	
	KEN	LI	fied.	
	MAI	(A)	lassi	
	PER	EX	ly c	ite.
	A	ted	per	tifica
	IS	sta	pro	ceri
	HIS	pe	be	Jo
	1	plne	may	ack
	NK	sho	it	on k
	[0]	GE	that	Suc
	DIN		SO	actic
	(FA	lied	ms,	nstri
	S	Idns	n ter	ee ii
	ITH	Illy	plain	Š
	M.	refu	'n	tant
	LY,	ca	H	por
	E	1 be	DEA	im
	PL	onle)F 1	N is very important. See instructions on back of certificate.
	60	Sh	2	W
1		-	-	•

STATE OF M	MARYLAND-CE	RTIFICATE (OF	DEATH
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4	6	2	4
dia	2 1	100	. 3

1. PLACE OF DEATH	(161-61)
1. PLACE OF DEATH County Novesteur Limit	Registration Dist. No. 35/
Village or City THING NOW Hill	No. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrsmos	ds. How long in U.S.If of foreign birth? yrs. mos. ds.
2. FULL NAME James 2. / wholson	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DOVORCED (Prite the word)	Cipal 5 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WtFE of	22. HEREBY CERTIFY, That I attanded decaased from
0/1/- 01	193 1, to april 190/
6. DATE OF BIRTH (month, day, and year) Chill 5 1937	I last saw h alive on, 190; death is said
7. AGE Years Months Days If LESS than 1 day hrs.	to have occurred on the date stated above, at
ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	De la companya della companya della companya de la companya della
SAWYER, BDOKKEEPER, etc	munorary murrary less
work was done, as SILK MILL, SAW MILL, BANK, etc	
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	
year) occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Snow Hill	Other Coutributory Causes of Importance:
(State or country) Manyland	
13. NAME Vernon nicholson	
13. NAME / LL NON A Scholson	Name of operation Date of
- (State of Country) legan general	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many C. Mennes 16. BIRTHPLACE (city or town)	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Data of Injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mol Cery Joeal Date april 6, 1937	Nature of Injury
19. UNDERTAKER / Spanne + 2 Jennison	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Stnow Hill Md.	If so, specify
20. FILED 4/6 1937 RE Car Swith	(Signed) Tokur A. A. M. D.
Registrar.	(Address) Duro Jall: And.

If more blanks are needed, address State Registrar, 2411 N. Charles Street Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	į)	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE O County___ Village or Length of res 2. FULL NA (a) Resider PERSON

S	TATE (OF MAR	YI AND—	CERTIFICATE OF DEATH 4625
F DEA				(3)
orce	ster			Registration Dist. No. 350
	ecemeke		1 vrs 6 (lf	No. R.F.D. # 1. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
		ancis R		If U. S. Veteran, specify WAR
ice: No		(Usual place	of abode)	St., Ward. If nonresident give city or town and State
IAL AN	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married				21. DATE OF DEATH April 20tle 193 7 (Month) (Day) (Year)
	am Ress	tober 9	th.1955	22. I HEREBY CERTIFY, That I attended deceased from 19.27, to Color 20, 19.27 I last saw h alive on 19.19.7; death is seld
irs	Months 6	Days	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, al.Q.a.O.O.P.m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
sslon, or particular work done, es SPINNER, BDDKKEEPER, etc. Business In which s done, as SILK MILL, LL, BANK, etc.				acute Franchites mil 1937 auto interpration 191937
ed last wo pation (mo	rked at 7 07	11. Total ti sper	me (yeers) Life	
tyor town) Worcester County Maryland.				Dither Contributory Causes of Importance: 427 Contrain Selevan 1927
Lev	in Beau			Carlina Televania 1927

Female	4. COLOR OR RACE		RRfED, WIDOWED, ED (write the word)	21. DATE OF DEATH	April	20th.	, 1937
5a. If married, wid	dowed, or divorced		100	22. IHEREBY	(Month)	(Day)	(Şear)
	H (month, day, and year)		tk.1855	I last saw h			20, 1937
	Years Months	Days	If LESS than	to have occurred on the date state	/		
8	81 6	11	1 dey,hrs.	The PRINCIPAL CAUSE OF DEAT	TH end related cau	uses of important	
SAWY 9. Industry	ofession, or particular of work done, es SPINNER, ER, BDDKKEEPER, etc or business in which was done, as SILK MILL, MILL, BANK, etc	Housewif		acute tra	ushiti piati	2	Date of onset Well 193
10. Date dece	eased last worked at 193	31 11. Total 1	time (yeers) Life ent in this Life upetion				
12. BIRTHPLACE (Stete or c	(0) 0. 10/	ster Cou	inty	Deter Contributory Causes of Impo	ference:		1927
当. NAME	Levin Beau			Cerebral /	emorrh	ace	192/
14. BIRTHPLA	ACE (city or town) WOTCO	ster Co	unty	Name of operation			ite of
15. MAIDEN	NAME Louise He			What test confirmed diagnosis? 23. If death was due to external cau			ere an autopsy?
	ACE (city or town) WOR	cester (County d.	Accident, suicide, or homicide?			
17. INFORMANT Address)	Vrs.George W Pocomoke Cit	.Carter	ind.	Specify whether Injury occurred la	(Specify city on INDUSTRY, In H	or town, county a IOME, or In PUB	and State) LIC PLACE.
18. BURIAL CREM	dation, or removal Cem. on Butle rester Co.	r Farm	-23rd, 19.37	Menner of Injury			
19. UNDERTAKER	Vernou ?	Steve Y. Maryl:	nson	24. Was diseese or Injury In any w	vay related to occu	pation of deceas	sed? wo
20. FILED April	122,1937	anne E	. Oblite Registrar.	(Signed) (Address)	Lala	Mur	4- Jud
	If more	blanks are needed.	address State Registrar	2411 N Charles Street Baltimore Po	TI C NI		

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 25 C E V E D	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 4 1937	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

RESERVED

MARGIN

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 3 1901	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RIBEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

rtem of inforstated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. N. B.

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4627
1. PLACE OF DEATH	20,00
County Worceflet	Registration Dist. No. 351
Village or City Gudletree	NoSt.,Ward
Length of residence In city or town where death occurred I & Its. O.4. mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Zadoh & Sellie	If U. S. Veteran, specify WAR
(a) Residence: No. / Smilletter mol.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
56. If married, widowad, or divorcad HUSBAND of (or) WIFE of Cunnic Selle.	22. I HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) March 27-1861	Hast saw have alive on Male 31 4 1987; dash is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated abova, at 10 - 2 - m.
76 0 8 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trada profession or particular	Date of one of
SAWYER, BOOKKEEPER, etc.	losebral Hamorishan
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	reeserve vemotimage
10. Date deceesed last worked at 11. Total time (years)	Janon
this occupation (month and 1927 spant in this 40 400	On C. 131 . C. 151
12. BIRTHPLACE (city or town) - Hard State or country)	Other Contributory Causes of importance:
13. NAME Farber Welly	
14. BIRTHPLACE (city or town)	Name of operation
(Stata or country)	What tast confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If daath was dua to external causas (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur?
17. INFORMANT My Clarific Belly (Address) Gridebie ma	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of Many Mill and Date affille 7, 1931	Nature of injury 4
19. UNDERTAKER HEARING & DANIEL	24. Wes disease or injury in any way related to occupetion of deceased?
20. FILED 4/7/ , 1937 RE Los Serveth Registrar.	(Signed) John M. Alicherson M. D. (Address) Of molecular M. M. D. M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

71

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Gausiones	May 1,1923	Gastroenterius	1

Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
ADDITIONAL SPACE	E FOR FURTH	ER STATEMENTS BY PHYSICIAN	

V. S. No. 1

STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEAT	TH
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A	13	63	1
.4	0	4	O

1. PLACE OF DEATH	(67)
County Morcesles	Registration Dist. No.
Village or City 2 Snow Hill	NoSt.,Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) s
2. FULL NAME wither C. Shookles	20
	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WID OWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5g. If marriad, widowed or divorcad	
HUSBAND OF Transact of Sharebleel	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) March, 10-11888	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS then	to have occurred on the dete stated above at
49 1 10 1 day,hrs.	there as follows:
8 Trade profession or particular	Graphy wound is left fromt Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	m impust dured newsay
O Dete deceased last worked at this occupation (mostly and year) 11. Total tima (years) spent in this year) occupation	Dther Contributory Canses of importance:
12. BIRTHPLACE (city or town)	Direct Contributery Cames of Importance.
13. NAME Olivate C. Sharblest	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Mame Bussells	23. If daath was due to external couses (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Mamil Bussells 16. BIRTHPLACE (city or town) Maryfand (State or country)	Accident, suicide, or homicide? I was a Date of injury 4/20, 1937. Where did Injury occur? N 47204 Ld Committy 24 4.
17. INFORMANT SUPERING SAME TO THE CONTROL OF THE C	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place II I Lang DOCA Detective 22, 193.7	Menner of Injury
19. UNDERTAKER ALASAN AND AND AND AND AND AND AND AND AND A	24. Was disease or injury In any way related to occupation of dacaased?
20. FILED 4/22, 1937 Report	(Signad) William Crieft Cymrem D.
Kegistat.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	4 18	Example II	
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage REAU V. 3	July 5,1927	Peritonitis	3 days ago
And the state of t			
Other contributory causes of importance:	real real tent	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—1

STATE OF MARYLAND—CERTIFICATE OF DEATH

4629

	ACE OF DEAT			WITHIN CORPU.	ALL CIMITS OF 10	2 /
	unty Worces				Registration Dist. No.	220
Vil	llage or CityS1	ty or town where	death occurred	([f yrsmos.	No. death occurred in a horpital or institution, give its NAME instead of s death occurred. How long in U.S. if of foreign birth?yrs	St., Ward number) dsds
2. FU	LL NAME Ed	lwin H.T	avler		If U. S. Veteran, specify WAR	
) Residence: No			of abode)		
P	ERSONAL AN	D STATIST			MEDICAL CERTIFICATE OF DE	ATH
s. sex		R OR RACE		RfED, WfDOWED, D (write the word)	21. DATE OF DEATH Steckten April 17th (Month) (Day)	• , 193 ⁷ (Year)
HUSE	riad, widowad, or divo BAND of WtFE of Mary		ayler		22. HEREBY CERTIFY, That to	
. AGE	OF BIRTH (month, day Years 76	Months 3	Days 14	If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, at 5.33Am. The PRINCIPAL CAUSE OF DEATH and ratated causes of imports ware as follows:	, 19.3.2.; deeth is sale
9.10	rede, profassion, or pa kind of work dona, SAWYER, BOOKKEE dustry or businass in work was done, as S SAW MILL, BANK, e ate_dacaased last wor	which SILK MILL, Re otc	tired	ime (years)	Tofar Gneumou	ia Ida
z, BfRTH	this occupetion (more year) PLACE (city or town) tata or country)	Ste		nt in this upation	Othar Coutributory Causes of Importanca:	
13. N	AME J	ohn Tay	ler			
13. NA	RTHPLACE (city or to (Stata or country)	wn) Sto	ckten Marylai	nd.	Neme of oparetion	Date of
16. BI	AIDEN NAME RTHPLACE (city or to (State or country) MANT Mary ddress) Stock	wn) S R.Taylo	Mary r	land	23. If death was due to extarnet causes (VIOLENCE) fill in also the Accidant, suicide, or homicide? Date of injut Where did injury occur? (Specify city or town, count Specify whether injury occurred in INDUSTRY, In HOME, or in Plants of the Accidence of the County of the Accidence of the County o	ry and State) UBLIC PLACE.
8 BURIA	CREMATION, OR R	EMOVAL	A. A.	11.19,19.37	Manner of injury	
	April 17		Maryla Aune	ind.	24. Wes disease or injury in any way releted to occupation of dace If so, specify Jenne A. Shekker (Signed) — — — — — — — — — — — — — — — — — — —	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1931	July 5,1927	Peritonitis	3 days ago
NREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.-WRITE PL.

STATE OF MARYLAND—CERTIFICATE OF DEATH

4630

I. PLACE OF DEATH	(131)	
County Warlestel	Registration Dist. No. 3 5	5
Village or City Shardello and	NoSt.,	Ward
	If death occurred in a hospital or institution, give its NAME instead of street and num	ber)
Length of residence in city or town where death occurredm	osds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Martha O'Ven	www.t U. S. Veteran, specify WAR	
(a) Residence: No. Shawells m	A St., Ward.	
(Usual place of abode)	If nonresident give city or town and Stat	te
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DWORCED (Turpice the word)	21. DATE OF DEATH 14-, 19	93 (Year)
5a. If married, widowed, or divorced HUSBAND of		Cidaria
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deco	
0 - 101-2	, 19, to	
6. DATE OF BIRTH (month, day, and year) May 27/85 2	I last saw h elive on, 19; de	eeth is said
7. AGE Years Months Doays If LESS than 1 dayhrs	to have occurred on the date stated above, et 7.45 / m.	
83 / 6 / ormin.	the raincipal Cause of Beath and leided causes of importance	ate of onsat
8. Trade, profession, or particular kind of work done, as SPINNER,		
SAWYER, BODKKEEPER, etc	Che Int rephretis	
work was done, as SILK MILL, SAW MILL, BANK, etc	Chor. Grot 1 ch 10000022	
10. Date deceesed last worked et 11. Total time (years)		
this occupation (month and spent in this occupation occupation		
md	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	Phr. Myocardelis	
13. NAME Edward Alexand	- Mos programas	
The same of the sa		
(State or country)	Name of operation	
	What test confirmed diagnosis? Was there an auto	psy?
15. MAIDEN NAME Chura Syce	23. If deeth was due to external ceuses (VIDLENCE) fill in also the following:	
15. MAIDEN NAME Muia Typee 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	., 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT Editale Vennings (Address) Bulin and	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMDVAL	Manner of injury	
Place College Md Date Upt: 1, 193	Neture of Injury	
19. UNDERTAKER 1. al Burtage	24. Was diseese or injury in any way related to occupation of deceased?	
(Address) Pauler and	If so, specify	
on such 4-64 son Holand & Harris	(Signed) Las. () Jans	M, D
20. FILED T- TT , 1927 Nelan J. Mayward Registrar.	(Address)	
		No. of Street,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

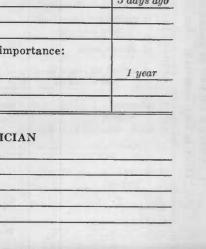
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Example I	=13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU			
Other contributory causes of importance:	in e aŭ	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
------------	-------	-----	---------	------------	------------------------	-----------



1. PLACE OF DE	ATH Worces	tan	1 - 41 A	(74)	5-(
County			THE COMPOSA	Talkapan Registration	Dist. No. 34 T
Village or City	Pocomok	e City.		No	St., Ward
Length of residence in	city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?	yrsds.
2. FULL NAME	Alonza	Ward.	c-11011=01-01	If U.S. Veteran specify WAR	
(a) Residence: No.	Snow Hi	(Usual place	yland.	St., Ward. If nonresiden	t give city or town and State
PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATI	E OF DEATH
26.	or or race	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH April (Month)	13. , 193. 7 (Year)
5a. If merried, widowed, or d HUSBAND of (or) WIFE of	^	ward		22. I HEREBY CERTIF	
6. DATE OF BIRTH (month, 7. AGE Years	day, and year) 7	nar. F.	1914 If LESS than	i last saw h im Diversity April to have occurred on the date stated ebove, at 4.	13.1937 ; death is said
2.3	nartioular	15	I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related cau were es follows: Verdict: of Coroners	
8. Trade, profession, or kind of work dor SAWYER, BOOKM 9. industry or business work wes done, a SAW MILL, BAN 10. Date deceased last this occupation (1 year)	EEPER, etc in which is SiLK MILL, (, etc	(27) Sp:	time (years) ent in this cupation	peceased came to his stab wounds about the inflicted by Gordan Other Contributory Causes of importance:	death from
(State or country)	hu was	de la companya della companya della companya de la companya della	<i>n</i> ~	-	
E //C	0 L	el tous	mile	Alexander and the second	
[14. BIRTHPLACE (dity or (State or country	, ,	-0.0,	1.7	Name of operation	
15. MAIDEN NAME 16. BIRTHPLACE (city of (State or country)	Emm town) Lte	a Self	druk	What test confirmed diagnosis? 23. if death wes due to external ceuses (VIOLENCE) Accident, suicide, or homicide? TOMI CIDE Where did injury occur? Pocomoke C	fill in elso the following: Date of injury 4, 13, 19.37
17. INFORMANT (Address)	In The Atocht	mus !	ward	Specify city of Specify whether injury occurred in INDUSTRY, in H	or town, county and State) OME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF	htau;-m	1 Date Of	15,1937	Manner of Injury stab Wounds Neture of injury	about body
19. UNDERTAKER	1937 Q	may m	· Tay la Registrar	24. Was diseese or injury in any way related to occur If so, specify (Signed) (Address) Pocumoke C	pation of deceased? 110 ustice of the eace act Coroner M.D.

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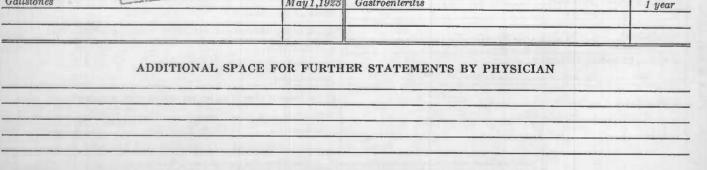
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Example I	i	Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAY 5 1931				
Other contributory causes of importance;	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	



V. S. No. 1

N. B.—WRITE PLA

mation should be carefully supplied.

1. PLACE OF DEATH	DERTIFICATE OF DEATH 4632
INU P.	(3)
Village or City Follow Md.	Registration Dist. No. 301
Village of Oily Parameter 1	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Allows Hills (a) Residence: No. 17 + D - ++	If U. S. Veteran specify WAR St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR ON RACE S. SINGLE, MARRIED SVIDON	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR ON RACE S. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY That I ettended decessed from
	30 Vast sew h elive on 47 23, 197; deeth is seld
7. AGE Yeers Months Days If LESS 1 day,	
6 3 2 orm	I THE PRINCIPAL CAUSE OF DEATH AND TENRED CRUSES OF INDUSTRANCE
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	1930 March 1930
9. Industry or business in which	SPT. Vary VIIII
work wes done, as SILK MILL, SAW MILL, BANK, etc	
1D. Date deceased lest worked et this occupation (month end year) occupetion	
R7.19 77-1 P.C.	Other Coatributory Campo of Importance:
12. BIRTHPLACE (city or town)	
1 All Maria	- CM Son / Jajone / 43
P 2 10 P.O.	
(Stete or country)	Name of operation Dete of
	Whet test confirmed diegnosis? Wes there an autopsy? Wes there an autopsy?
15. MAIDEN NAME En Riggio 16. BIRTHPLACE (city or town) Mr Cula	23. If deeth was due to externel ceuses (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Ascident, suicide, or homicide? Date of Injury, 19
(State or country)	(Specify city or town, county and State)
17. INFORMANT OLD S.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Menner of injury
Please Mar. Mullen Galet, 1914. 13,1	9.3. Nature of Injury
19. UNDERTAKER I Tollowy + 6.	24. Wes diseese or injury in any way related to occupation of deceased?
(Address) Saluty Mg	If so, specify
20. FILED 4/24, 193 // XET og Seuls	(Signed) M. [(Address) Mull Sul
If more blanks are needed, address State R.	egistrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAY 5 153				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			Million and	

B.-WRITE PL

ż

V. S. No. 1

1000

STATE OF MARTLAND	CERTIFICATE OF DEATH 4000
1. PLACE OF DEATH	(131)
County 70 rester	Registration Dist. No. 355
Village or City 13 uslin and (II	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmos,ds
2. FULL NAME Georgiana W.	If U. S. Veteran, specify WAR
(a) Residence: No. (J. J. J. William 900 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (perice the word)	21. DATE OF DEATH (Month) 23- 193 (Yéar)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of M. Willie Waso	22. I HEREBY CERTIFY, That I ettended deceased from 19
6. DATE OF BIRTH (month, day, and year) Sunt. 11 1856	I last sew h; death is sai
7. AGE Years Months Deys If LESS then 1 dey,hrs.	to have occurred on the date stated above, at #\$. Am. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and company) spent in this spen	Chr Int Nethritis
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or country)	
13. NAME Muliam Maishall 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Mary Dawders	Whet test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Various 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Miss Work Wise (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL Place 15 Selin Md Date apr. 2 4, 79.32	Manner of injury
19. UNDERTAKER J. W. Bustage (Address) Buling and.	24. Wes disease or injury in any way related to occupation of deceased.
20. FILED 4- 85, 1937 Helen F. Hayward	(Signed) had M. M. (Address) M.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY \$ 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN